years of age. Eighteen controls were matched to cases on the basis of age, sex and county of residence. Controls were selected from *Ascaris*-negative people routinely interviewed for *Giardia* or *Campylobacter* infection. None of the controls reported exposure to pigs or pig manure.

Although *Ascaris* infections are usually asymptomatic, complications such as pneumonia or intestinal obstruction can occur. Since *Ascaris* occurs commonly in pigs, people who have pigs or who use pig manure should take precautions to avoid infection. Exposure to pigs should also be considered where other likely sources of *Ascaris* infection cannot be found.

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Usefulness of IDA Scanning

TO THE EDITOR: As a surgeon, I must agree with Krishnamurthy[1] (in the August 1982 issue) that IDA scans are a useful adjunct in the evaluation of patients with right upper quadrant pain. However, one must avoid a tautological trap in assuming that abnormal scan findings equal acute cholecystitis. The latter must be differentiated from such varied entities as perforated ulcers, leaking aortic aneurysms, pleurisy and myocardial infarctions.[2] Coexistent cystic duct obstruction has been found with these and many other disorders.

The accuracy and inaccuracy of IDA scanning, especially in chronic cystic duct obstruction, has been documented.[3,4] Although Dr. Krishnamurthy has attempted to display the relative effectiveness of IDA scanning over other noninvasive methods by bayesian analysis, his data and the clinical condition of his patients have not been presented. Since acute cholecystitis is ultimately a pathological diagnosis, which of these patients came to laparotomy? On what basis are false negatives determined if no laparotomy has been carried out?

Although IDA scans provide timely evidence for pathological cystic duct obstruction, not every patient with this condition should undergo immediate cholecystectomy; the dangerous period for increased operative risk in delayed cholecystectomy occurs days, not hours, after the onset of symptoms.[5-9] IDA scans do not obviate a careful evaluation of the patient with right upper quadrant pain, nor should they be used as a rationale for rushing an ill-prepared patient to surgery.

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Nuclear Armaments

TO THE EDITOR: The physicians' movement against nuclear weapons has based many of its activities and arguments on a preventive medicine model. It is said that nuclear war is a disease for which there is no cure and therefore the appropriate role of the medical profession is in prevention. This analogy supports the high level of activity on the part of physicians in efforts towards nuclear disarmament. Objectors to this stance generally take exception to either the notion of nuclear war as a medical problem or of medical care as a political activity. Arguments countering these objections are supported by examples from the history and current activities of the field of public health and of clinical preventive medicine.[1]

An article in the August 1982 issue of THE WESTERN JOURNAL OF MEDICINE brought yet another example to mind. Chang and Levy[2] describe the significant problem of infant passenger trauma in automobiles, and bemoan the fact that so few parents are made aware of the need for restraining infants in special seats during automobile travel. They conclude that (1) the morbidity and mortality of injuries to infants in automobiles justifies an active concern on the part of physicians and (2) that the two activities most likely to be successful are direct education of